Effective December 29, 1999  OP 651831										3/
CLAIMS AS FILED - PART I (Column 1) (Column 2)							LL ENTITY	OR		THAN
FOR		NUMBE	R FILED	NUMBER E	XTRA	RATI	FEE	7	RATE	FEE
BASIC FEE							345.00	OR		690.00
TOTAL CLAIMS		2	23 minus 20=			X\$ 9	= .	OR	X\$18=	54
INDEPENDENT CLAIMS 3 = *					X39		OR	) die		
MULTIPLE DEPENDENT CLAIM PRESENT						+130	_	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTA		OR	<u> </u>	Olliel	
CLAIMS AS AMENDED - PART II							<b>"-</b>		OTHER	THAN
(Column 1) 6 -16 04 (Column 2) (Column 3)							LL ENTITY	OR	SMALL	ENTITY
AMENDMENT A	R	CLAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL - FEE
NON.	Total 4	23	Minus :	-23		X\$ 9		OR	₹ <b>X\$18</b> =₹	重复
AME	Independent -	3	Minus	*** 3		X39	=	OR	X78=	
	FIRST PRESENTA	TION OF M	JUIPLE DEI	PENDENT CLAIM		+130	=	OR	+260=	
							TAL .	OR	TOTAL ADDIT, FEE	
	(C	ADDIT. F			2011.107					
ENT B	R	CLAIMS EMAINING AFTER KENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
MENDMENT	Total		Minus	**	<b>=</b> ,	X\$ 9	=	OR	X\$18=	
AME	Independent -		Minus	•••	=	X39=	<b>.</b>	OR	-X78=	T. T.
H	FIRST PRESENTA	TION OF MI	JLTIPLE DEI	PENDENT CLAIM		+130	=	OR	+260=	
	,					TO1 ADDIT, F		OR	TOTAL ADDIT FEE	
	. (0	column 1)		(Column 2)	(Column 3)				77	7. 4.
ENT C		CLAIMS EMAINING AFTER. IENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total •		Minus	••.	=	X\$ 9	•	OR	X\$18=	
AMENDMENT	Independent •	TION OF 1	Minus		=	X39=		OR	X78=	
$\vdash$	FIRST PRESENTA	HON OF M	JUITLE DE	PENDENT CLAIM		+130=		OR	+260=	
:	If the entry in column 1	is less than t	ne entry in colu	umn 2, write "0" in co	umn 3.	TOT	AL	OR	TOTAL	~
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
•			•							

FORM PTO-075

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